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## **PARENTAL REFUSAL OF NEWBORN HEARING SCREENING**

Dear Parent:

Congratulations on the birth of your baby! You have indicated an objection to \_\_\_\_\_ [insert name of provider] conducting a hearing screening test on your baby. We want you to understand some facts prior to signing this refusal form.

First, the hearing screening test would not hurt your baby. Most babies sleep through the test.

Second, hearing loss is the most commonly occurring disability in infants. Hearing loss occurs in approximately three babies out of every 1,000 born in the United States.

Third, if your baby does have a hearing loss, it is important to know about it as soon as possible. Adequate hearing is important for your child to learn normal speech, language, and other developmental skills. A delay in identifying hearing loss leads to delays in a child's ability to talk and communicate. Early detection of hearing loss and early intervention and treatment before six months of age has been demonstrated to be highly effective in facilitating a child's language and communication development.

Finally, you should not rely on your own ability to determine whether your baby has hearing loss. Reliance on parental recognition to detect hearing loss has not been successful, as over 50 % of newborns and infants with hearing loss go undetected until the age of two and a half. Your refusal to allow your baby to be screened for hearing loss could have significant consequences for your baby's future development.

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I, \_\_\_\_\_ [parent/legal guardian], am refusing to allow \_\_\_\_\_ [insert name of provider] to conduct newborn hearing screening on \_\_\_\_\_ [name of baby], a baby born on \_\_\_\_\_ [date of birth].

I have been told about the importance of having my baby's hearing tested. I have read and fully understand the above facts. I will make arrangements with my baby's doctor or audiologist if I want to have my baby's hearing tested at a later time.

I hereby release, waive, discharge, and covenant not to sue \_\_\_\_\_ [insert name of provider], the Iowa Department of Public Health, and the state of Iowa, and all employees, officials, staff, agents, and volunteers of these entities and agencies for any liability, claim, and/or cause of action arising out of my refusal to allow this hospital to conduct newborn hearing screening on my baby or arising out of any loss, damage, injury, or illness that occurs as a result of the fact that my baby was not screened for hearing loss.

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date

**ORIGINAL TO BE FILED WITH THE MEDICAL/EDUCATIONAL RECORD OF THIS BABY AND A  
COPY TO BE FORWARDED TO THE IOWA DEPARTMENT OF PUBLIC HEALTH STATE EHDI  
COORDINATOR**